

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213563459</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Hanover Specialty Insurance Brokers, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2013</b></p> <p>SCC ID NO: <b>02012359</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	100,000
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COMA	100,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8403 COLESVILLE ROAD SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: SILVER SPRING, MD 20910</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FREDERICK H. EPPINGER  TITLE: PRESIDENT  ADDRESS: 440 LINCOLN STREET  CITY/ST/ZIP/CO: WORCESTER, MA 01653 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FREDERICK H. EPPINGER TITLE: PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME:	DAVID ALLEN KUHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 MACARTHUR PLACE		
CITY/ST/ZIP/CO:	2ND FLOOR SANTA ANA, CA 92707		
NAME:	ANN K. TRIPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	ANDREW C. FURMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	DAVID B. GREENFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	WILLIAM J. CAHILL, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	CHARLES F. CRONIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	J KENDALL HUBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, VA 01653		
NAME:	WALTER H. STOWELL III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	ANDREW S. ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	JOHN C. ROCHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHARLES F. CRONIN	CHARLES F. CRONIN,	1/13/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.